

BEST AVAILABLE COPY<sup>83</sup>

MULTIPLE INDEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1.							51	
2.							52	
3.							53	
4.							54	
5.							55	
6.							56	
7.							57	
8.							58	
9.							59	
10.							60	
11.							61	
12.							62	
13.							63	
14.							64	
15.							65	
16.							66	
17.							67	
18.							68	
19.							69	
20.							70	
21.							71	
22.							72	
23.							73	
24.							74	
25.							75	
26.							76	
27.							77	
28.							78	
29.							79	
30.							80	
31.							81	
32.							82	
33.							83	
34.							84	
35.							85	
36.							86	
37.							87	
38.							88	
39.							89	
40.							90	
41.							91	
42.							92	
43.							93	
44.							94	
45.							95	
46.							96	
47.							97	
48.							98	
49.							99	
50.							100	
TOTAL IND.							TOTAL IND.	
TOTAL DEP.							TOTAL DEP.	
TOTAL CLAIMS							TOTAL CLAIMS	